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

Sunshine Park Adult Family Home LLC 2

Sunshine Park Adult Family Home LLC 2
11110 NE 164th Place
Bothell, WA 98011

RE: Sunshine Park Adult Family Home LLC 2 License # 753176

Dear Provider:

This letter addresses Compliance Determination(s) 35897 (Completion Date 02/01/2024) and 31740 (Completion Date 11/30/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/01/2024 and found that you have corrected the violations listed in the Full report dated 11/30/2023. Your home is back in compliance as of 01/14/2024 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 388-76-10015, WAC 388-76-10015-1, WAC 388-76-10015-2, WAC 388-76-10015-3, WAC 388-76-10380-2, WAC 388-76-10490-1, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Rivi Stella Perez

If you have any questions, please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, 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***

| | | |
|---|---|---|
| Statement of Deficiencies | License #: 753176 | Compliance Determination # 31740 |
| Plan of Correction | Sunshine Park Adult Family Home LLC 2 | Completion Date |
| Page 1 of 8 | Licensee: Sunshine Park Adult Family Home LLC 2 | 11/30/2023 |

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 10/27/2023 and 11/09/2023 of:
Sunshine Park Adult Family Home LLC 2
1811 Market St
Kirkland, WA 98033

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:

Rivi Stella Perez

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.

Ann Lee-Hunter
Residential Care Services

12/07/2023
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 #: 753176 | Compliance Determination # 31740 |
|---|---|---|
| Plan of Correction | Sunshine Park Adult Family Home LLC 2 | Completion Date |
| Page 2 of 8 | Licensee: Sunshine Park Adult Family Home LLC 2 | 11/30/2023 |

Provider (or Representative) 12/17/2023 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 review the Adult Family Home (AFH) failed to meet applicable laws and regulations related to respiratory protection plan by failing to provide 3 of 5 employees (Staff B, C and D) with a fit test and medical evaluation to get a clearance to wear a respirator, and to have a valid or current fit test record for 2 of 5 employees (Staff A and E). Failure to implement an RPP placed employees and residents at risk for contracting COVID-19 (COVID-19 is an infectious disease by a new virus causing respiratory illness that could result in severe impairment or death).

Findings included...

NOTE: Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must include specific elements, including medical clearance approval to wear a respirator, initial and annual fit testing, annual training, record keeping, written program, designated administrator, and identification of respiratory hazards in the workplace. COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability, and death. Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094) and a duty to prevent the spread of infection to residents in their facility.

Review of the Personnel Files, on 10/30/2023, for Staff A (Provider/Entity Representative and Staff E (Caregiver) showed fit test records that were dated 06/22/2022. The fit test records expired on 06/22/2023.

Further review of the personnel files, on 10/30/2023, for Staff B (Resident Manager/caregiver), Staff C (Caregiver) and Staff D (Caregiver) showed no medical

clearance records and no fit test records.

During an interview, on 11/08/2023 at 4:27 PM, Staff A stated that not all the current staff were fit tested. Staff A stated they would do the fit test annually. When informed that the fit test records for Staff A and Staff E had expired on 06/22/2023, Staff A stated that they were not aware the fit tests had expired. Staff A stated that they had sent an email to the 2 new staff to get fit-tested.

**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, Sunshine Park Adult Family Home LLC 2 is or will be in compliance with this law and / or regulation on (Date) 01-14-2024

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

Provider (or Representative) 12/17/2023 Date

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

**This requirement was not met as evidenced by:**

Based on observation, record review and interview, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for changes regarding use of call bells or alarms for 2 of 4 Residents (Residents 1and 4). This failure placed residents 1 and 4 at risk for unidentified and unmet care needs.

Findings included...

RESIDENT 1
Review of the AFH record, on 11/08/2023, showed the AFH admitted Resident 1 on [redacted] 2019.

Review of Resident 1's NCP, dated 08/17/2023, showed "[redacted] under the bed mobility and transfer section. The fall risk NCP showed, "Ensure a call button is within easy reach of resident and they know how to use the call button." and "Use

bed/chair alarms with sensors that sound as needed."

Observation, on 10/27/2023 at 11:35 AM, showed Resident 1's bed had a [redacted] on the left side of the bed. At 11:37 AM, there was no call light in the bedroom and with Resident 1.

During an interview, on 10/27/2023 at 11:37 AM, Staff A (Provider) stated that Resident 1 does not use a call light and they would just keep Resident 1 out of the room. Staff A stated Resident 1 used to have a call light but did not know how to use it.

During an interview, on 11/09/2023 at 2:41 PM, Staff D (Caregiver) stated that Resident 1 did not have a call bell or a bed alarm.

During a joint observation and interview with Staff A (Provider) and Collateral Contact 1 (CC1) (AFH Consultant) on 11/09/2023 at 3:27 PM, CC1 stated that the [redacted] on Resident 1's bed was not a [redacted]

During a joint record review of the NCP dated 08/17/2023 and interview on 11/09/2023 at 4:48 PM, Staff A stated the NCP had to be updated for Resident 1, they do not use call button or alarms with sensors.

RESIDENT 4
Review of the AFH record, on 11/08/2023, showed the AFH admitted Resident 4 on [redacted] 2016.

Review of Resident 4's NCP, dated 08/17/2023, showed under fall risk, "Use bed/chair alarms with sensors that sound as needed."

Observation, 10/27/2023 at 11:51 AM, showed there was no call light on Resident 4's bedroom and with Resident 4.

During an interview, on 11/09/2023 at 2:42 PM, Staff D stated that Resident 4 did not have a call bell or a bed alarm.

During an interview, on 11/09/2023 at 4:50 PM, Staff A stated that Resident 4 did not know how to use a call light. Staff A stated that they would not use a sensor alarm for Resident 4 as he was not a high fall risk. Following record review of the NCP dated 08/17/2023, Staff A stated Resident 4's NCP needs to be updated.

| Statement of Deficiencies | License #: 753176 | Compliance Determination # 31740 |
|---|---|---|
| Plan of Correction | Sunshine Park Adult Family Home LLC 2 | Completion Date |
| Page 5 of 8 | Licensee: Sunshine Park Adult Family Home LLC 2 | 11/30/2023 |

**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, Sunshine Park Adult Family Home LLC 2 is or will be in compliance with this law and / or regulation on (Date) ~~12~~ 01/14/2024

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

Provider (or Representative) 12/17/2023 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, record review and interview, the Adult Family Home (AFH) failed to ensure expired medications were disposed of per policy for 1 of 2 residents (Resident 1). This failure placed Resident 1 at risk of complications from use of expired medication.

Findings included...

Record review showed the AFH's had an undated "Medication Disposal Policy" in place to address the disposal of unused and expired medications.

Review of the AFH record, on 11/08/2023, showed the AFH admitted Resident 1 on [redacted]2019. Resident 1's assessment, dated 07/17/2023, showed assistance needed for medication management.

Record Review of Resident 1's October 2023 Medication Log (ML) showed a physician order, written on 10/20/2022, for Quetiapine Fumarate (antipsychotic medication – used to treat mental illness) 50 mill grams (mg) tablets, take one tablet by mouth every four hours as needed for anxiety.

Observation, on 11/09/2023 at 10:31 AM, during med cation review of Resident's

medication supply showed the "as needed" bubble pack for Quetiapine Fumarate had expired more than 2 months ago, with an expiration date of 08/25/2023.

During an interview, on 11/09/2023 at 10:40 AM, Staff D (Caregiver) stated that the expiration date on the "as needed" bubble pack for Quetiapine Fumarate was 08/25/2023.

During an interview, on 11/09/2023 at 3:48 PM, Staff A (Provider) stated that the AFH process was to dispose of expired medication in the drug buster. Staff A stated that she was not sure how she had missed it.

**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, Sunshine Park Adult Family Home LLC 2 is or will be in compliance with this law and / or regulation on (Date) 01/14/2024.

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

Provider (or Representative) — Date: 12/17/2023

**WAC 388-76-10430 Medication system.**

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

**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 residents (Resident 2) received medication as ordered by their physician and the medication log (ML) included the dosage of medication, the approximate time the resident

must take the medication and the initials of the staff who assisted the resident with the medication. These failures placed Resident 2 at risk of unmet medication needs and medication errors.

Findings included...

Review of the AFH record, on 11/08/2023, showed the AFH admitted Resident 2 on [redacted]2023. Resident 2's assessment, dated 10/02/2023, showed assistance needed for medication management.

Record Review of Resident 2's October 2023 ML, on 11/28/2023, showed a physician order, written on 10/20/2023, for Insulin Lispro (injectable medication for diabetes which is a disorder in which the body does not produce enough or respond normally to insulin, causing blood sugar (glucose) levels to be abnormally high) 100 units/ml (milliliter). The order stated, "inject 0-9 units subcutaneously three times daily with meals per sliding scale" and had "INFO" next to it.
Further record review of the October 2023 ML showed a physician order, written on 10/18/2023, for "Insulin Lispro S/S [sliding scale] daily with meals: if BS [blood sugar] < [less than] 100 = 0 units; 100-150 = 5 units; 150-200 = 6 units; 200-250 =7units; > [greater than] 250 = 9 units". There were 2 sliding scale orders for blood sugar levels of 150 and 200. There was no scheduled time indicated next to the order for the caregivers to know when to give the insulin and to initial when administering the medication. There was nothing in the ML to indicate the dosage or number of units of the sliding scale given and to log or document the injection site.

Record review of Resident 2's November 2023 ML, on 11/29/2023, showed the same findings for physician orders for Insulin Lispro.

During an interview, on 11/29/2023 at 11:49 AM, Staff A (Provider) stated that there was nothing in the ML to show how much sliding scale was given, when asked where they would document the number of units of sliding scale given to Resident 2. Staff A stated they had noticed there were 2 sliding scale orders if the blood sugar level was 150 or 200. Staff A stated the blood sugar parameter should have been 100-150, 151-200, 201-250 and >250.

During an interview, on 11/29/2023 at 11:56 AM, Staff A stated that the caregivers had nurse delegation on how to give the insulin. Staff A stated that the caregivers had been told to do the blood sugar first, then look at the sliding scale parameter and then give the insulin medication. Staff A stated that they were not physically writing the number of units on the ML. When asked where the documentation for the sliding scale can be found that it was given three times daily with meals as ordered, Staff A stated that there was nothing in the ML to show the time, the initial of caregivers and the number of units given for the insulin Lispro.

During an interview, on 11/29/2023 at 12:41 PM, Collateral Contact 2 (CC2) (Registered

Nurse Delegator) stated that insulin was a medication. CC2 stated that the expectation for the caregivers was to document the blood sugar level, the unit given per sliding scale based on the blood sugar check result and the site of the injection. CC2 stated that the written order on the ML should indicate the time for the staff to initial they had administered the medication and then under the time, they should note the blood sugar result, the number of units given, and the location for the injection (or the injection site).

**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, Sunshine Park Adult Family Home LLC 2 is or will be in compliance with this law and / or regulation on (Date) 01/14/2024.

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

Provider (or Representative) 12/17/2023 Date

RECEIVED
DEC 21 2023
DSHS/ALTSA/RCS

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

12/07/2023

Sunshine Park Adult Family Home LLC 2
Sunshine Park Adult Family Home LLC 2
11110 NE 164th Place
Bothell, WA 98011

RE: Sunshine Park Adult Family Home LLC 2 # 753176

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/30/2023 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:

Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10015 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

The Adult Family Home (AFH) failed to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens, and interpreted results when they conducted blood sugar (glucose) testing and interpret blood sugar test results for the sliding scale dose of insulin (injectable medication) for people with diabetes (a disorder in which the body does not produce enough or respond normally to insulin, causing blood sugar (glucose) levels to be abnormally high). The AFH has applied for the MTSW license.

**WAC 388-76-10161 Background checks Who is required to have.**

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

The Adult Family Home (AFH) failed to ensure a newly hired employee had completed a Washington State name and date of birth background check (BGC) prior to unsupervised work with vulnerable adults for 1 of 24 former employees (Staff M, caregiver) reviewed for BGC inquiry. This failure placed the residents at risk of being in contact with staff with an unknown criminal background history, during the time period Staff M was employed at the AFH.

**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)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
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:
Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

**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