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

Swedish Adult Family Home LLC
Swedish Adult Family Home LLC
3420 175th Pl SW
Lynnwood, WA 98037

RE: Swedish Adult Family Home LLC # 753241

Dear Provider:

This document references Compliance Determination 27417 (08/25/2023), which included complaint number(s) 90135, 89977.

The Department completed a complaint investigation of your Adult Family Home on 08/25/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Nylay Quist, AFH Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10250 Medical emergencies Contacting emergency medical services Required.

(1) The adult family home must develop and implement policies and procedures which require immediate contact of the local emergency medical services when a resident has a medical emergency. This requirement applies:

Record review of the incident log
show, the Name Resident (NR) had multiple falls with no injury. In an interview, the Adult Family Home Provider stated that they called 911 for
all fall incidents to assist the NR back up into their wheelchair or bed. Record reviewed showed the AFH Provider was working with the NR's care team to
address the equipment needed for the NR. Consult AFH Provider regarding
appropriate use of EMS.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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 (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Swedish Adult Family Home LLC
Provider Type: Adult Family Home
License/Cert.#: 753241
Intake ID: 89977
Compliance Determination #: 27417
Region/Unit #: RCS Region 2 / Unit I
Investigator: Nylay Quist
Investigation Date(s): 07/27/2023 through 08/25/2023
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) had a fall out of wheelchair in the Adult Family Home (AFH).
2. AFH staff unable to assist the NR back into wheelchair after a fall.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 1 Closed records sample size: 0
Observations:	Exterior/Interior General Tour Resident/Staff interaction Resident mobility Safety equipment and process.
Interviews:	AV Sample resident staff Case manager
Record Reviews:	Assessment NCP Incident log MAR Abuse & Neglect policy

Investigation Summary:

1. Observation show the NR is wheelchair bound. In an interview the NR stated they had multiple falls because they fell asleep in their wheelchair. The NR stated they do not have any injury from the fall. The NR stated they initially declined to use safety belt offered by the AFH Provider. The AFH Provider stated they report all fall incidents to the Case Manager (CM). Review of the incident log showed the NR had multiple falls. The NR agreed to use a safety belt and a signed consent is send to the CM and Primary Care Provider (PCP). AFH Provider continue to monitor the NR, work with CM, and continue to work with PCP to safely care for the NR. No fail practices.
2. Observation showed the NR is wheelchair bound due to bilateral [redacted]. In an interview the AFH Provider stated the NR had multiple falls from wheelchair to the floor without any injury. The AFH Provider stated they had to call 911 for help getting the NR back to their wheelchair or bed. The AFH Provider, the NR, and the CM have a signed agreement to use to safety belt to prevent further incident and are currently working on appropriate placement or medical equipment to safely care the for NR. Review of assessment showed, the NR required two persons assist for transfer. Reviewed NCP showed Resident 2 required one person assist. AFH provider

stated they did not update the NCP because they are waiting for equipment. See Statement Of Deficiency (SOD) dated 08/11/2023.

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A