



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Sunset Adult Family LLC
Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

RE: Sunset Adult Family LLC License # 753410

Dear Provider:

This letter addresses Compliance Determination(s) 46497 (Completion Date 09/17/2024) and 43510 (Completion Date 07/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/17/2024 and found that you have corrected the violations listed in the Follow up report dated 07/15/2024. Your home is back in compliance as of 08/20/2024 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 388-76-10015-1

The Department staff who did the on-site verification:
Jo Whitney, AFH Licenser

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit C
Residential Care Services

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 753410	Compliance Determination # 43510
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 1 of 3	Licensee: Sunset Adult Family LLC	07/15/2024

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 follow-up on 07/01/2024 and 07/01/2024 of:

Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

This document references the following SOD dated: 07/15/2024

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:

Jo Whitney, AFH Licenser

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner

Residential Care Services

08/01/2024

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.

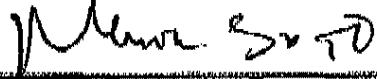
This document was prepared by Residential Care Services for the Locator website.

08.01.2024 12:57:21

State of Washington

9/11

Statement of Deficiencies	License #: 753410	Compliance Determination # 43510
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 2 of 3	Licensee: Sunset Adult Family LLC	07/15/2024


 Provider (or Representative)

8-20-24
 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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to respiratory protection per Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP). The AFH failed to have a Medical Test Site Certificate of Waiver License (MTSW) for blood glucose testing performed at the AFH. This failure placed residents at risk of exposure or infection from communicable diseases per compliance standards.

Findings included . . .

Record review on 07/01/2024 at 1:30 PM, Staff A, Provider, stated they had contacted a qualified fit tester to come to the AFH to train staff and complete fit testing for use of N95 respirators. Staff A had records of fit testing. Staff A stated they had not prepared a written Respiratory Protection Program describing how they will ensure compliance with the employee health and safety regulations.

On 07/01/2024 at 1:00 PM, Staff A stated Resident 3 required blood glucose testing three times daily performed by the caregivers. Resident 3's July 2024 medication logs showed blood glucose testing was done three times daily for diabetes (disease resulting in too much sugar in the blood) management. Staff A stated they had not submitted the application for the Medical Test Site Certificate of Waiver allowing AFH staff to perform lab testing, such as blood glucose testing.

This is an uncorrected citation from 04/22/2024.

Attestation Statement

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

_____ Provider (or Representative)	_____ Date
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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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to respiratory protection per Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP). The AFH failed to have a Medical Test Site Certificate of Waiver License (MTSW) for blood glucose testing performed at the AFH. This failure placed residents at risk of exposure or infection from communicable diseases per compliance standards.

Findings included . . .

Record review on 07/01/2024 at 1:30 PM, Staff A, Provider, stated they had contacted a qualified fit tester to come to the AFH to train staff and complete fit testing for use of N95 respirators. Staff A had records of fit testing. Staff A stated they had not prepared a written Respiratory Protection Program describing how they will ensure compliance with the employee health and safety regulations.

On 07/01/2024 at 1:00 PM, Staff A stated Resident 3 required blood glucose testing three times daily performed by the caregivers. Resident 3's July 2024 medication logs showed blood glucose testing was done three times daily for diabetes (disease resulting in too much sugar in the blood) management. Staff A stated they had not submitted the application for the Medical Test Site Certificate of Waiver allowing AFH staff to perform lab testing, such as blood glucose testing.

This is an uncorrected citation from 04/22/2024.

Attestation Statement

08.01.2024 12:57:21

State of Washington

10/11

Statement of Deficiencies	License #: 753410	Compliance Determination # 43510
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 3 of 3	Licensee: Sunset Adult Family LLC	07/15/2024

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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 8-20-24

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



Provider (or Representative)

8-20-24

Date

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

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, Sunset Adult Family 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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 753410	Compliance Determination # 38554
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 1 of 10	Licensee: Sunset Adult Family LLC	04/22/2024

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 03/19/2024 and 03/19/2024 of:

Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner
Residential Care Services

04/25/2024
Date

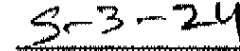
I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

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

Statement of Deficiencies	License #: 753410	Compliance Determination # 38554
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 2 of 10	Licensee: Sunset Adult Family LLC	04/22/2024



Provider (or Representative)



Date

WAC 388-76-10345 Assessment Qualified assessor Required. The adult family home must ensure the person performing resident assessments is:

(1) A qualified assessor; or

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a qualified assessor completed the initial assessment before 1 of 2 residents (Resident 3) admitted into the home. This failed practice placed the resident at risk of unmet needs and cause the AFH to be unprepared for Resident 3.

Findings included...

Resident 3's record reviewed on 03/19/2024 showed they admitted into the AFH on [REDACTED]/2023 per the signed Notice of Services. The record included a form dated [REDACTED]/2023, "Adult Foster Home Screening and Assessment and General Information" completed on 02/02/2023 by Staff A, Provider, Staff A, Nursing Assistant Certified, was not a qualified assessor.

The record included a nursing assessment completed by the Staff E, Registered Nurse/Qualified Assessor. The assessment dated [REDACTED] 2023, was completed 80 days after Resident 3 admitted into the AFH.

Interviewed on 03/19/2024 at 1:00 PM, CC1, Resident 3's representative, stated prior to moving into the AFH, Resident 3 was in a private home. They stated Staff A would go into the home and assist Resident 3 when needed. When Staff A had an opening at the AFH, Resident 3 admitted there.

Interviewed on 04/22/2024 at 2:20 PM, Staff A stated they had known Resident 3, and completed the assessment form before Resident 3 moved into the AFH. They stated they did not contact Staff E, Qualified Assessor, until later.

Attestation Statement

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

Provider (or Representative)

Date

WAC 388-76-10345 Assessment Qualified assessor Required. The adult family home must ensure the person performing resident assessments is:

(1) A qualified assessor; or

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a qualified assessor completed the initial assessment before 1 of 2 residents (Resident 3) admitted into the home. This failed practice placed the resident at risk of unmet needs and cause the AFH to be unprepared for Resident 3.

Findings included...

Resident 3's record reviewed on 03/19/2024 showed they admitted into the AFH on [REDACTED] 2023 per the signed Notice of Services. The record included a form dated [REDACTED]/2023, "Adult Foster Home Screening and Assessment and General Information" completed on 02/02/2023 by Staff A, Provider. Staff A, Nursing Assistant Certified, was not a qualified assessor.

The record included a nursing assessment completed by the Staff E, Registered Nurse/Qualified Assessor. The assessment dated [REDACTED] 2023, was completed 80 days after Resident 3 admitted into the AFH.

Interviewed on 03/19/2024 at 1:00 PM, CC1, Resident 3's representative, stated prior to moving into the AFH, Resident 3 was in a private home. They stated Staff A would go into the home and assist Resident 3 when needed. When Staff A had an opening at the AFH, Resident 3 admitted there.

Interviewed on 04/22/2024 at 2:20 PM, Staff A stated they had known Resident 3, and completed the assessment form before Resident 3 moved into the AFH. They stated they did not contact Staff E, Qualified Assessor, until later.

Attestation Statement

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

04.25.2024 12:41:23

State of Washington

Statement of Deficiencies	License #: 753410	Compliance Determination # 38554
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 3 of 10	Licensee: Sunset Adult Family LLC	04/22/2024

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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 5-3-24.

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

Maria Sauto
Provider (or Representative)

5-3-24
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to submit authorizations to renew background checks for 2 of 3 current staff (Staff A, B) to ensure results were not over two years old. This failure placed the residents at risk from disqualified staff.

Findings included...

On 03/19/2024 employee files were reviewed.

-Staff A, Provider, the file included a background check result dated 11/08/2021; it was more than 2 years old.

-Staff B, Caregiver was hired 11/08/2021. Their background check result dated 11/08/2021, was more than 2 years old.

On 03/19/2024 at 4:00 PM, Staff A stated they were unable to access the background check system to submit authorizations.

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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, Sunset Adult Family 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

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(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to submit authorizations to renew background checks for 2 of 3 current staff (Staff A, B) to ensure results were not over two years old. This failure placed the residents at risk from disqualified staff.

Findings included...

On 03/19/2024 employee files were reviewed.

-Staff A, Provider, the file included a background check result dated 11/08/2021; it was more than 2 years old.

-Staff B, Caregiver was hired 11/08/2021. Their background check result dated 11/08/2021, was more than 2 years old.

On 03/19/2024 at 4:00 PM, Staff A stated they were unable to access the background check system to submit authorizations.

Statement of Deficiencies	License #: 753410	Compliance Determination # 38554
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 4 of 10	Licensee: Sunset Adult Family LLC	04/22/2024

This is a repeat citation from 05/29/2019.

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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) <u>5-3-24</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u>Marta Soto</u> Provider (or Representative)	<u>5-3-24</u> Date

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:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff B) completed a fingerprint-based background check when required. This deficient practice placed the residents at risk from disqualified staff.

Findings Included...

On 03/19/2024, employee files were reviewed.

Staff B, Caregiver, was hired 11/08/2021. Staff hired between 11/01/2019 and 04/30/2022 were required to have a fingerprint-based background result by 08/28/2022.

On 03/19/2024, Staff A, Provider, stated they were unable to access the Background Check System to start the process of an Interim (name and date of birth) background result and schedule fingerprint submission.

Attestation Statement

This is a repeat citation from 05/29/2019.

Attestation Statement	
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_____ Provider (or Representative)	_____ Date

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:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff B) completed a fingerprint-based background check when required. This deficient practice placed the residents at risk from disqualified staff.

Findings included...

On 03/19/2024, employee files were reviewed.

Staff B, Caregiver, was hired 11/08/2021. Staff hired between 11/01/2019 and 04/30/2022 were required to have a fingerprint-based background result by 08/28/2022.

On 03/19/2024, Staff A, Provider, stated they were unable to access the Background Check System to start the process of an interim (name and date of birth) background result and schedule fingerprint submission.

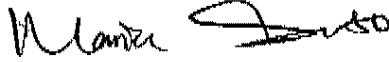
Attestation Statement

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Statement of Deficiencies	License #: 753410	Compliance Determination # 38554
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 5 of 10	Licensee: Sunset Adult Family LLC	04/22/2024

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



Provider (or Representative)

5-3-24

Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

- (4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;
- (7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to met the minimum training requirements, including obtaining or maintaining a valid first aid certificate, current food safety training, and completing specialty training to meet the needs of the residents for 2 of 2 Caregivers (Staff B, C) . This failure placed the residents at risk from unqualified staff.

Findings included...

Review of Provider Letter dated 05/05/2022 "Emergency Rules and Proposed Rules Files Regarding Long-Term Care Worker (LTCW) Training Requirements" showed the Department of Social and Health Services (department) filed emergency rules to begin reimplementation of long-term care training requirements that were suspended in response to the COVID-19 public health emergency. The rules extended the time in which LTCW must complete training and set specific dates for completing training based on the date of hire. In Provider Letters dated 11/04/2022 and 04/28/2023, the dates to complete the required training were extended. In the Provider Letter dated 10/13/2023 "Basic Training Deadlines and Home Care Aid Certification Deadline Changes for LTCW Qualifications Related to COVID-19" showed when the LTCW must complete training, including required specialty training based on date of hire.

Employee file review occurred on 03/19/2024 with Staff A, Provider.

Staff B, Caregiver, was hired 11/08/2021. Their file did not include a certificate of first aid and cardiopulmonary resuscitation (CPR). Their file did not include a certificate of current

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

Provider (or Representative)

Date

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(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to meet the minimum training requirements, including obtaining or maintaining a valid first aid certificate, current food safety training, and completing specialty training to meet the needs of the residents for 2 of 2 Caregivers (Staff B, C) . This failure placed the residents at risk from unqualified staff.

Findings included...

Review of Provider Letter dated 05/05/2022 "Emergency Rules and Proposed Rules Files Regarding Long-Term Care Worker (LTCW) Training Requirements" showed the Department of Social and Health Services (department) filed emergency rules to begin reimplementation of long-term care training requirements that were suspended in response to the COVID-19 public health emergency. The rules extended the time in which LTCW must complete training and set specific dates for completing training based on the date of hire. In Provider Letters dated 11/04/2022 and 04/28/2023, the dates to complete the required training were extended. In the Provider Letter dated 10/13/2023 "Basic Training Deadlines and Home Care Aid Certification Deadline Changes for LTCW Qualifications Related to COVID-19" showed when the LTCW must complete training, including required specialty training based on date of hire.

Employee file review occurred on 03/19/2024 with Staff A, Provider.

Staff B, Caregiver, was hired 11/08/2021. Their file did not include a certificate of first aid and cardiopulmonary resuscitation (CPR). Their file did not include a certificate of current

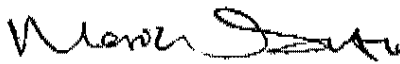
Statement of Deficiencies	License #: 753410	Compliance Determination # 38554
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 6 of 10	Licensee: Sunset Adult Family LLC	04/22/2024

food safety training. Their file did not include specialty training certificates in Dementia and Mental Health to respond to the needs of the residents.

On 04/11/2024, Staff A sent a certificate for Staff B showing they completed of a "Basic Life Support (CPR and AED) Program" on 05/30/2023; the certificate was good for 2 years. The certificate did not show Staff B had completed a first aid course.

Staff C, Caregiver, was hired 05/19/2022. Their file included a certificate showing they had completed a "Basic Life Support (CPR and AED) Program" on 07/21/2022, good for 2 years. The certificate did not show Staff C had completed a first aid course. Their file included a Washington State Food Worker Card showing it had expired on 03/26/2023.

On 04/22/2024 at 12:00 PM, Staff A stated they were unaware Staff B and C's "BLS" training did not include first aid; they had provided no other certificates of training. Staff A stated staff were reminded of training renewals.

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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) <u>5-3-24</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u></u>	<u>5-3-24</u>
Provider (or Representative)	Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to ensure tuberculosis screening was completed as required after the emergency rules related to the pandemic were lifted for 1 of 2 caregivers (Staff B). This failure placed residents at risk of a communicable disease.

Findings included...

food safety training. Their file did not include specialty training certificates in Dementia and Mental Health to respond to the needs of the residents.

On 04/11/2024, Staff A sent a certificate for Staff B showing they completed of a "Basic Life Support (CPR and AED) Program" on 05/30/2023; the certificate was good for 2 years. The certificate did not show Staff B had completed a first aid course.

Staff C, Caregiver, was hired 05/19/2022. Their file included a certificate showing they had completed a "Basic Life Support (CPR and AED) Program" on 07/21/2022, good for 2 years. The certificate did not show Staff C had completed a first aid course. Their file included a Washington State Food Worker Card showing it had expired on 03/26/2023.

On 04/22/2024 at 12:00 PM, Staff A stated they were unaware Staff B and C's "BLS" training did not include first aide; they had provided no other certificates of training. Staff A stated staff were reminded of training renewals.

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, Sunset Adult Family 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

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- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to ensure tuberculosis screening was completed as required after the emergency rules related to the pandemic were lifted for 1 of 2 caregivers (Staff B). This failure placed residents at risk of a communicable disease.

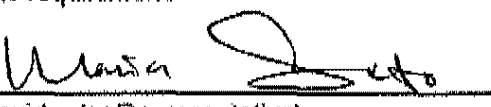
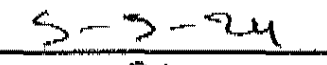
Findings included...

Statement of Deficiencies	License #: 753410	Compliance Determination # 38554
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Page 7 of 10	Licensee: Sunset Adult Family LLC	04/22/2024

The Provider Letter dated 04/03/2020, "Emergency Rules Suspending TB Testing" showed tuberculosis (TB) testing was suspended in response to the COVID-19 pandemic/emergency proclamation. The emergency rules suspending TB testing were extended on 12/09/2020, 03/27/2021, 07/29/2021, and 11/18/2021. The Provider Letter dated 03/04/2022, "Emergency Rules Suspending TB Testing" showed the emergency rule was extended until 07/01/2022. The Provider Letter dated 05/26/2022, Reinstatement of Tuberculosis testing requirements July 1, 2022," reinstated TB testing requirements to reduce the risk of illness to the vulnerable people served in residential settings. The AFH was informed they needed to meet the TB testing requirement on 07/01/2022.

Staff B, Caregiver, was hired 11/08/2021. Their employee file was reviewed on 03/19/2024. Staff B did not have a record of TB test results for review.

On 04/11/2024, Staff A, Provider, sent a TB test result for Staff B dated 07/06/2023. On 04/11/2024, Staff A stated they did not request Staff B to complete the needed testing. Staff B did not have a second test 1 to 3 weeks later or provide previous testing results.

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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) <u>5-3-24</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
	
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:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(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 ensure residents were assessed and could safely use an assistive device () attached to their bed with known potential risks to harm for 1 of 1 resident (Resident 3). This failed

The Provider Letter dated 04/03/2020, "Emergency Rules Suspending TB Testing" showed tuberculosis (TB) testing was suspended in response to the COVID-19 pandemic/emergency proclamation. The emergency rules suspending TB testing were extended on 12/09/2020, 03/27/2021, 07/29/2021, and 11/18/2021. The Provider Letter dated 03/04/2022, "Emergency Rules Suspending TB Testing" showed the emergency rule was extended until 07/01/2022. The Provider Letter dated 05/26/2022, Reinstatement of Tuberculosis testing requirements July 1, 2022," reinstated TB testing requirements to reduce the risk of illness to the vulnerable people served in residential settings. The AFH was informed they needed to meet the TB testing requirement on 07/01/2022.

Staff B, Caregiver, was hired 11/08/2021. Their employee file was reviewed on 03/19/2024. Staff B did not have a record of TB test results for review.

On 04/11/2024, Staff A, Provider, sent a TB test result for Staff B dated 07/06/2023. On 04/11/2024, Staff A stated they did not request Staff B to complete the needed testing. Staff B did not have a second test 1 to 3 weeks later or provide previous testing results.

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Date

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Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure residents were assessed and could safely use an assistive device () attached to their bed with known potential risks to harm for 1 of 1 resident (Resident 3) . This failed

Statement of Deficiencies	License #: 753410	Compliance Determination # 38554
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 8 of 10	Licensee: Sunset Adult Family LLC	04/22/2024

practice placed the resident at risk of harm.

Findings Included...

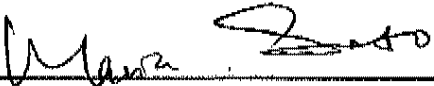
On 03/19/2024 at 1:50 PM, Staff B, Caregiver, assisted Resident 3 to their bedside and to transfer onto the bed. One side of the bed was against the wall. On the other side, a half-length [REDACTED] was raised above the edge. Staff B stated Resident 3 grasped the [REDACTED] to move on the bed and when turning to their side.

Resident 3 moved into the home on [REDACTED] 2023. The assessment form dated [REDACTED] 2023 showed they were not bed bound and needed assistance in transferring. An assessment completed 04/24/2024 showed they were repositioned in bed every two hours. Neither assessment included if the resident needed an assistive device [REDACTED] or if they could safely use the assistive device.

The negotiated care plan dated 02/05/2023 showed Resident 3 needed staff assistance for transferring in/out of bed. The use of a [REDACTED] was no included on the care plan.

On 04/22/2024 at 2:00 PM, Staff A, Provider, stated hospice had provided the hospital bed with [REDACTED] for Resident 3. Staff A stated they did not have an assessment for the [REDACTED] showing when and how it would be safely used by the resident.

This is a repeat citation from 05/29/2019.

Attestation Statement	
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Provider (or Representative)	<u>5-3-24</u> _____ Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

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

practice placed the resident at risk of harm.

Findings included...

On 03/19/2024 at 1:50 PM, Staff B, Caregiver, assisted Resident 3 to their bedside and to transfer onto the bed. One side of the bed was against the wall. On the other side, a half-length [REDACTED] was raised above the edge. Staff B stated Resident 3 grasped the [REDACTED] to move on the bed and when turning to their side.

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_____ Provider (or Representative)	_____ Date

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Statement of Deficiencies	License #: 753410	Compliance Determination # 38554
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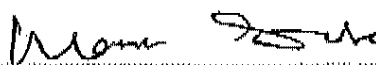
This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 extinguishers, one on each level of the AFH were serviced annually. This failure placed the residents at risk from ineffective equipment.

Findings Included...

On 03/19/2024 at 10:45 AM, the extinguisher located in the kitchen of the AFH had a service tag showing the last service was completed in January 2023. On the upper level of the home occupied by Staff A, Provider, the extinguisher's service tag showed service in January 2023.

On 04/10/2024 at 1:00 PM, Staff A stated they had forgot to schedule the servicing in January.

Attestation Statement	
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u></u> Provider (or Representative)	<u><u>5-3-24</u></u> 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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to respiratory protection per Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requiring employers to implement a written respiratory protection program (RPP). The AFH failed to have a Medical Test Site Waiver (MTSW) for blood glucose testing performed at the AFH. This failure placed residents at risk of exposure or infection from communicable diseases per compliance standards and cause blood glucose levels, to not be monitored accurately.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 extinguishers, one on each level of the AFH were serviced annually. This failure placed the residents at risk from ineffective equipment.

Findings included...

On 03/19/2024 at 10:45 AM, the extinguisher located in the kitchen of the AFH had a service tag showing the last service was completed in January 2023. On the upper level of the home occupied by Staff A, Provider, the extinguisher's service tag showed service in January 2023.

On 04/10/2024 at 1:00 PM, Staff A stated they had forgot to schedule the servicing in January.

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Provider (or Representative)	Date

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Statement of Deficiencies	License #: 753410	Compliance Determination # 38554
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page of 10	Licensee: Sunset Adult Family LLC	04/22/2024

Findings included . . .

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" and the Dear Provider Letter dated 09/14/2023 "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and Changes to Department of Health RPP Resources" showed the AFH is required to identify respiratory hazards in the workplace, provide appropriate respiratory protection equipment (fit tested N95 respirator), and follow regulations pertaining to respiratory protection against communicable diseases spread through droplets or air WAC 296-842.

Review of Dear Provider Letter dated 04/01/2022 "Medical Test Site Waiver Regulatory Requirements" showed a MTSW was required to perform medical tests in the AFH per state and federal regulations.

Record review on 03/19/2024 at 12:00 PM, Staff A, Provider, stated the AFH did not have an RPP. They stated the AFH previously had a supply of N95 type respirators to use; it was not restocked yet. The AFH was not prepared to respond to COVID, 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.

On 03/19/2024 at 9:45 AM, Staff A stated Resident 3 required blood glucose monitoring. Resident 3's March 2024 medication logs showed blood glucose testing was done three times daily for diabetes (disease resulting in too much sugar in the blood) management. Staff A stated they were unaware of the requirement for the medical test site waiver and tested the resident. The AFH had not applied for a MTSW license required for blood glucose testing.

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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 5-3-24.

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

Mark [Signature]

Provider (or Representative)

5-3-24

Date

Findings included . . .

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" and the Dear Provider Letter dated 09/14/2023 "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and Changes to Department of Health RPP Resources" showed the AFH is required to identify respiratory hazards in the workplace, provide appropriate respiratory protection equipment (fit tested N95 respirator), and follow regulations pertaining to respiratory protection against communicable diseases spread through droplets or air WAC 296-842.

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Provider (or Representative)

Date

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Sunset Adult Family LLC
Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

RE: Sunset Adult Family LLC # 753410

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/22/2024 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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

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

Union Gap, WA 98903

- 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 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

- (3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

On 03/19/2024, Staff A, Provider, had a Washington State Food Worker Card showing it expired on 11/28/2023.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (4) Criminal history disclosure and background check results as required.

On 03/19/2024, the Adult Family Home did not have the results of completed fingerprint-based background checks for Staff A, Provider, and Staff C, Caregiver (hired 05/19/2022) available for review when requested.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

- (10) A current inventory of the resident's personal belongings dated and signed by:

- (a) The resident; and
- (b) The adult family home.

On 03/19/2024, Resident 3's record did not include a personal property inventory.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(6) Be signed and dated by the resident and kept in the resident record after signature.

On 03/19/2024, the Adult Family Home did not ensure Resident 3, or their representative reviewed and signed the [REDACTED] Policy.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

On 03/19/2024, the Adult Family Home did not ensure Resident 3 and Resident 5 or their representatives reviewed and signed the Disclosure of Charges.

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;

On 03/19/2024, more than 60 days had passed since the Adult Family Home's last recorded evacuation drill on 12/01/2023.

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 (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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