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) 31402 (Completion Date 11/01/2023) and 28850 (Completion Date 09/25/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/01/2023 and found that you have corrected the violations listed in the Complaint report dated 09/25/2023. Your home is back in compliance as of 10/12/2023 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 388-76-10240, WAC 388-76-10240-1, WAC 388-76-10240-2, WAC 388-76-10240-3

The Department staff who did the on-site verification:
Krista Connelly, Community Nurse Consultant

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Sunset Adult Family LLC **Provider Type:** Adult Family Home
License/Cert.#: 753410
Compliance Determination #: 28850 **Intake ID:** 92530
Investigator: Krista Connelly **Region/Unit #:** RCS Region 1 / Unit C
Investigation Date(s): 08/31/2023 through 09/25/2023
Complainant Contact Date(s):

Allegation(s):
The adult family home's, (AFH,) Provider made the arrangement to be the Identified Resident's (power of attorney, POA.)

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 5 Closed records sample size: 0
Observations:	Observation of Identified Resident, Sampled Residents, (hygiene, cares, activity, decision making status,) staff availability and staff-resident interactions.
Interviews:	Identified, Sampled Residents, Provider and Collateral Contacts not associated with the home.
Record Reviews:	Identified Resident's records including face sheet, assessments, physician orders, visits, cognitive assessments, care plan and progress notes.

Investigation Summary:
Observation and interview with the Identified Resident showed they were not able to recall where they were at, how long they had been there, needed care staff to provide frequent verbal cues with hands on physical assistance. Interviews and record review showed the Identified Resident did not have anyone able to assist them with decision making. Interviews and record reviews showed the Identified Resident was declining medically with the need for healthcare decisional making. Record review and provider interview showed they had an incomplete POA document that the provider signed off as the Resident's POA and as a witness. Failed practice identified in WAC 388-76-10240, Statement of Deficiency dated 09/25/2023.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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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 # 28850
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 1 of 3	Licensee: Sunset Adult Family LLC	09/25/2023

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 an unannounced on-site complaint investigation on 08/31/2023 and 08/31/2023 of:

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

This document references the following complaint number(s): 92530

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 investigated the Adult Family Home:

Krista Connelly, Community Nurse Consultant

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

10/06/2023
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 #: 753410	Compliance Determination # 28850
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 2 of 3	Licensee: Sunset Adult Family LLC	09/25/2023

Provider (or Representative)

10-12-23
Date

WAC 388-76-10240 Durable power of attorney for health care or financial decisions. The adult family home must not allow a provider, entity representative, owner, administrator, or employees of the home to act as a resident's attorney in fact, according to chapter 11.94 RCW, unless the provider, entity representative, owner, administrator, or employee is the *resident's:*

(1) Spouse;

(2) Adult child; or

(3) Brother or sister.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home, (AFH,) provider became a resident's power of attorney. This failure placed Resident 1 at risk for abuse and neglect.

Findings included..

The record review for Resident 1 included a care plan dated 11/05/2022 that showed the resident could not understand basic health needs or safety, did not make appropriate decisions, had poor judgement, with both short- and long-term memory impairment.

Observation on 08/31/2023 at 3:55 PM, showed Resident 1 sitting in a chair watching TV, they were able to communicate their name, unable to state where they were or how long they had been in the home.

On 08/31/2023, Resident 1's record review included a fax cover sheet, dated 07/19/2023, from Staff A, the AFH provider, and addressed to Collateral Contact 1, (CC 1,) their department case manager. Staff A documented on the cover sheet the document was Resident 1's power of attorney, (POA.) Staff A documented they had become Resident 1's POA and health care director because they did not have anyone to make decisions for them.

The POA documents were dated 07/06/2023, and showed Resident 1 appointed Staff A, to be their POA and make healthcare decisions. The document was notarized 07/06/2023, Staff A signed the document appointing themselves as the POA and as a witness.

Statement of Deficiencies	License #: 753410	Compliance Determination # 28850
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Page 3 of 3	Licensee: Sunset Adult Family LLC	09/25/2023

Resident 1's record review included emergency room visits dated the month of July 2023. Resident 1 had falls, medical changes in conditions and was sent out for emergency evaluations on 07/19/2023, 07/28/2023 and 07/30/2023.

During an interview on 08/31/2023 at 5:11 PM, Staff A reported Resident 1 transferred to the home in December 2022. They stated Resident 1 had a third-party payee assigned to manage their finances as the resident was not able to do so. They reported Resident 1 did not have family or friends able to assist the resident make any decisions.

On 08/31/2023 at 5:12 PM, Staff A stated Resident 1 had been progressively declining, was being sent out to the emergency room frequently with changes in condition. Staff A stated Resident 1 did not have a living will or a physician order directing the staff on what to do in a medical emergency. They reported without any directives, they would have to perform cardiopulmonary resuscitation, (CPR,) if their heart stopped, (revived from unconsciousness or apparent death). Staff A stated they filled out a Physician Orders for Life Sustaining Treatment, (POLST,) that showed Resident 1 did not want to be resuscitated if their heart stopped working. Staff A stated they sent the form to their physician to be signed but they would not sign it.

During an interview on 09/08/2023 at 11: 55 AM, Collateral Contact 2, Resident 1's physician, reported they had talked to the provider about the need for someone able to make decisions on their behalf. They stated the resident was progressively declining in health and further decline was anticipated. They stated Staff A brought Resident 1 to an appointment, brought the POA document and asked them to sign off on it. They told Staff A the resident was not decisional, and they could not sign off on anything until a legal decisional maker was obtained.

During an interview on 09/25/2023 at 10:48 AM, Collateral Contact 3, the Home and Community Services Supervisor, reported Staff A notified them Resident 1 needed to find other placement.

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) 10-12-2023

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

Maria Soto — Provider (or Representative)

10-12-2023 — Date