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:

This document references Compliance Determination 34683 (01/23/2024), which included complaint number(s) 109581, 111079.

The Department completed a complaint investigation of your Adult Family Home on 01/23/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Tamera Lapierre, Community Complaint Investigator
Krista Connelly, Community Nurse Consultant

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 388-76-10220 Incident log. The adult family home must keep a log of:**

(1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;

(2) Accidents or incidents affecting a resident's welfare; and

(3) Any injury to a resident.

Observation, interviews and record review showed that AFH failed to keep an incident log. This failure made it difficult to know who was involved in an incident, when it took place, what occurred, who was notified and if it was reported to the department.

This failed practice was corrected on-site at the time of visit.

**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 (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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

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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

## Residential Care Services
### Investigation Summary Report

**Provider/Facility:** Sunset Adult Family LLC **Provider Type:** Adult Family Home
**License/Cert.#:** 753410
**Compliance Determination #:** 34683 **Intake ID:** 111079
**Investigator:** Tamera Lapierre **Region/Unit #:** RCS Region 1 / Unit C
**Investigation Date(s):** 01/04/2024 through 01/23/2024
**Complainant Contact Date(s):**

**Allegation(s):**
Named Resident (NR) wandered outside and had a fall with injuries.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 5<br>Resident sample size: 3<br>Closed records sample size: 0 |
| **Observations:** | The Identified Resident, sampled residents, (cares, hygiene, mobility,) staff-resident, resident-resident interactions, meal preparation and service. |
| **Interviews:** | The Identified Resident, sampled residents, staff provider and collateral contacts not associated with the home. |
| **Record Reviews:** | The Identified Resident's, sampled residents' medical records including demographic information, resident representative documents, progress notes, care plans, physician orders and notification of changes in condition. |

**Investigation Summary:**
Observation, interviews and record review showed that AFH failed to keep an incident log. This failure made it difficult to show when an incident took place, what occurred, who was notified and if it was reported to the department. Consultation provided and deficient practice was corrected on-site at the time of visit. Failed practice, WAC 388-76-10220 (1), (2), (3) Incident log.

**Conclusion / Action:**

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